Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS302AGZ	A. BUILDING _____ B. WING _____	11/04/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY ALZHEIMER'S HOME	1821 NAVARRE LANE HENDERSON, NV 89014

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/04/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 total beds. The facility had the following category of classified beds: Category 2 - 6 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons with Alzheimer's Disease. The census at the time of the survey was 3. Three resident files were reviewed and 2 employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000	Acceptable POC SSeegert 11/17/08	
Y 152	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract	Y 152	RECEIVED NOV 17 2008 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: administrator — (X6) DATE: 11-17-08

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Y 152	Continued From page 1 required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide a certificate of insurance. Findings include: During the survey on 11/4/08, the Certificate of Liability Insurance policy was observed to have expired 3-10-08. The Administrator was unable to produce a current Insurance policy during the survey. On 11/4/08 at 4:45pm, the administrator called the Bureau of Health Care Quality and Compliance (BHCQC) and indicated she did not renew her insurance policy this past year. The Administrator revealed she thought it had expired last month. Severity: 1 Scope: 3	Y 152	An administrator I marked my calendar the exact date to renew and kept it on file. a copy is provided. EXHIBIT #1	
Y 179	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.	Y 179		

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Y 179	Continued From page 2 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide intact screens in 2 rooms of the facility. Findings include: The living room screen did not fit snuggly into the window frame. There was a gap in the screen frame approximately 1 inch wide allowing entry of insects. The window was open at the time of survey. Bedroom #1 screen did not fit snuggly into the window frame. It was loose in the window. Resident #1 resided in this bedroom. The resident's bed was against the wall by the loose screen. The window was open at the time of the survey. The administrator was made aware of the condition of the screens. Employee #2 revealed he tried to fix the living room screen and placed a piece of wood on the frame to prevent the gap. Severity: 1 Scope: 2	Y 179	The Livin g room and the bedroom screens has been replaced and installed with a new screen. I will be doing an inspection every 6 months that includes in and out of the facility. Exhibit #2	
Y 773	449.2726(1)(a)(1) 449.2726(1)(a)(b) Diabetes NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or	Y 773		

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Y 773	Continued From page 3 This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that blood glucose testing for 1 of 1 diabetic resident was performed by the resident without assistance (Resident #2). Findings include: On 11/4/08 at 8:50am, during the tour of the facility, a piece of paper was noticed on Resident #2's dresser. The Administrator indicated the paper listed the results of the resident's blood sugar test. On 11/4/08 at 8:50am, during the tour of the facility, the administrator revealed she performed the blood sugar test for Resident #2 twice a day. The doctor requested the results remain in the resident's room for him to review during his visit. The administrator was unaware she was not permitted to perform the blood sugar test on the resident. The administrator indicated the resident was unable to perform her own glucose testing. The family had stopped utilizing the home health agency due to the expense. On 11/4/08 at 9:30am, Resident #2 was unable to understand and answer any questions asked to her. A review of the record indicated Resident #2 was admitted 6/4/08. The History and Physical Examination dated 5/20/08 indicated diagnoses of Chronic Renal Insufficiency, Diabetes Mellitus, Hypertension, Organic Affective Disorder, Dementia, Hypercholesterolemia and Urinary	Y 773	The patient has been placed on a regular diet and no concentrated sweets. The doctor ordered to discontinue the accuecheck and metformin 500 mg. Exhibit #3	

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Y 773	Continued From page 4 Retention. The discharge order from the hospital physician requested blood sugar testing two times a day. Severity: 2 Scope: 1	Y 773		
Y 940	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on record review on 11/4/08, the facility failed to ensure an annual evaluation of a resident's ability to perform the activities of daily living was completed for 1 of 3 residents residing in the facility longer than a year. (Resident #3) Findings include:	Y 940	Every 6 months I"ll mark my calendar of all necessary paperworks and make a checklists and review their files.	

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Y 940	Continued From page 5 Resident #3 was admitted on 11/20/06. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2007 and 2008. Severity: 2 Scope: 1	Y 940		